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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE – WC

Date notice sent to all parties:
September 6, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
AppeaRt/Lt Lumbar Facet Medial Branch Block w/fluoroscopy 64493 64494 (77003PNR.)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Anesthesiology and Pain Medicine**.**

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ **X** Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
MRI of the lumbar spine dated 11/11/2010, electrodiagnostic study dated 06/15/2011, incomplete clinical note dated 08/22/2011, MRI of the lumbar spine dated 03/13/2012, clinical notes dated 04/17/2012, 04/23/2012, 05/15/2012 and 06/04/2012, prior utilization reviews dated 05/10/2012 and 07/03/2012.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who reported an injury. MRI of the lumbar spine dated 11/11/2010 revealed findings of 3 mm central disc herniation at L5-S1 with annular tear. Electrodiagnostic study performed on 06/15/2011 revealed findings of subtle evidence of right L5 and left S1 lumbar radiculopathy. The clinical note dated

08/22/2011 only contained page 2 and was difficult to read due to copy quality. The patient underwent a repeat MRI of the lumbar spine on 03/13/2012 that revealed posterior central disc herniation measuring 4 to 5 mm at L5-S1, causing mild narrowing of the spinal canal. The clinical note dated 04/17/2012 reported the patient complained of stabbing pain in the lumbar spine with numbness and tingling sensation down the back of the legs and into the feet. The patient was noted to be taking hydrocodone, naproxen and gabapentin. Physical examination revealed positive bilateral straight leg raise, moderate severe spasm, tenderness and decreased range of motion of the lumbar spine and 4/5 motor strength. Followup on 04/23/2012 reported the patient complained of low back pain radiating to the lower extremities. Physical exam revealed normal gait, 5/5 strength, symmetric reflexes and decreased sensation in the bilateral L5-S1 dermatome. The patient was recommended for right/left lumbar facet (medial branch) L4-5 and L5-S1 injections. Prior utilization review dated 05/10/2012 performed by Dr. reported that the request for injections was denied due to lack of documentation of conservative measures and presence of radiculopathy. Followup on 05/15/2012 reported the patient continued to complain of pain in the lumbar spine with numbness and tingling down the back of the legs. Followup with Dr. on 06/04/2012 reported the patient complained of 7/10 to 8/10 pain. The patient's pain was located in the lower back with radiation to the lower extremities. Physical examination revealed symmetric reflexes, circumscribed trigger points, tenderness over the thoracic and lumbar facets, worsening pain with extension and rotation, 5/5 strength, and decreased sensation in the L5-S1 dermatomes. The patient was diagnosed with lumbar/thoracic radiculopathy and recommended for right/left lumbar transforaminal injection at L5-S1. Prior utilization review dated 07/03/2012 by Dr. reported the request was denied due to radicular symptoms and lack of documentation of conservative therapies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for appeal right/left lumbar facet medial branch block with fluoroscopy is non-certified and the prior decisions are upheld. The request was previously denied on 2 occasions due to radicular symptoms and lack of documentation of conservative therapies. The clinical notes submitted for review continue to demonstrate the patient has imaging and physical exam findings, as well as subjective complaints consistent with lumbar radiculopathy. There is also electrodiagnostic evidence consistent with lumbar radiculopathy. Official Disability Guidelines do not recommend facet injections/medial branch blocks in the presence of radicular pain. Furthermore, it appears from the last pain management note that the patient is being recommended for epidural steroid injections versus the requested medial branch block. Furthermore, there continues to be a lack of documentation of recent conservative therapies to support the proposed intervention at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

References:

Official Disability Guidelines, Low Back Chapter, Online Edition.
Criteria for the use of diagnostic blocks for facet nerve pain:

Clinical presentation should be consistent with facet joint pain, signs & symptoms.

1. One set of diagnostic medial branch blocks is required with a response of ≥ 70%. The pain response should be approximately 2 hours for Lidocaine.

2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.

3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.

4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).

5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.

6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.

7. Opioids should not be given as a “sedative” during the procedure.

8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.

9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.

10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.

11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.

12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.